

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
SEE DETERMINATION			
OFFICE CLASSIFIER		48	12/11
FORMALITY REVIEW	SVB	64783	02/20
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

**BEST AVAILABLE COPY**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/3/07
2	✓	✓	8/24/04
3	✓	✓	2/3/03
4	✓	✓	10/2/03
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Claim	Final	Original	Date
51	✓	✓	4/3/07
52	✓	✓	8/24/04
53	✓	✓	2/3/03
54	✓	✓	10/2/03
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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